

# MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

December 1, 2016 - 9:30 am to 12:15 pm  
Polk County River Place, Room 1  
2309 Euclid Ave, Des Moines, Iowa  
MEETING MINUTES

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## MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska  
Thomas Broeker  
Jody Eaton  
Lynn Grobe  
Kathryn Johnson  
Betty King (phone)  
Sharon Lambert (phone)  
Geoff Lauer (phone)

Brett McLain  
John Parmeter  
Rebecca Peterson  
Michael Polich  
Patrick Schmitz  
Rebecca Schmitz  
Jennifer Sheehan

## MHDS COMMISSION MEMBERS ABSENT:

Senator Mark Costello  
Marsha Edgington  
Representative David Heaton

Senator Liz Mathis  
Representative Scott Ourth  
Marilyn Seemann

## OTHER ATTENDEES:

Codie Amason	Operations Director, Tenco Industries
Theresa Armstrong	MHDS, Bureau Chief, Community Services and Planning
Bob Bartles	Executive Director, Hope Haven
Jill Cook	Program Director, Amerigroup
Connie Fanselow	MHDS, Community Services and Planning
Julie Jetter	MHDS, Community Services and Planning
Meghan Klier	Easter Seals of Iowa
Denise Rathman	National Association of Social Workers (NASW) Iowa
Jennifer Vitko	CEO, South Central Behavioral Health Region

## Welcome and Call to Order

Patrick Schmitz called the meeting to order at 9:35 am and led introductions. Quorum was established with twelve members present and three participating by phone. No conflicts of interest were identified.

## Approval of Minutes

Geoff Lauer made a motion to approve the October 20, 2016 meeting minutes and the November 8, 2016 telephone meeting minutes. Rebecca Schmitz seconded the motion. The motion passed unanimously.

## DHS/Mental Health and Disability Services Update - Theresa Armstrong

Certified Community Behavioral Health Clinics (CCBHC) – Iowa has had a one-year SAMHSA (Substance Abuse and Mental Health Services Administration) planning grant to establish certification standards for CCBHCs and certify at least two CCBHCs to provide comprehensive behavioral health care. Iowa has been working with three

clinics to become certified. DHS has now completed an application for a demonstration project grant, which was submitted to SAMHSA before the October 31 due date. This demonstration project would allow the CCBHCs to receive specific Medicaid funding for their services. Only 8 states out of 24 which had planning grants will receive funding for the demonstration project. The Department will find out sometime in December or early January if Iowa will receive a grant, and if so, the project will start July 1, 2017.

Many of the states receiving planning grants, including Iowa, had money left at the end of the year, and Iowa has been authorized to continue to use those funds with the clinics. The clinics have been developing crisis services and EBPs (Evidence Based Practices) related to substance use treatment. One clinic had not been accredited to provide substance use disorder services and will be able to get its accreditation. Most of the services are Medicaid covered, so those will continue to be available through that funding stream. Along with IDPH (Iowa Department of Public Health), which is a partner in this project, DHS will be able to continue to offer technical assistance. IDPH is leading some training in recovery peer coaching that will extend beyond the three CCBHCs to help get it started in Iowa. Recovery peer coaching is relatively new, and can be funded by the MCOs (managed care organizations).

Accreditation of Crisis Services Programs – The Department has received 18 applications for accreditation of crisis services under Chapter 24. The applications are at various stages in the process and cover the range of crisis services:

- 3 are for 24-hour crisis line
- 4 are for mobile response
- 2 are for community based crisis services
- 11 are for crisis residential services
- 2 are for 23-hour observation and hold
- 4 are for crisis evaluation

Some applications include more than one type of crisis service.

Out of the 18 applications, two are completely accredited and three that have requested an Exception to Policy (ETP). The ETPs are pending final approval. Two more applications are ready for final review this week. In order to prioritize these accreditation applications, Cherie Reisner and Ginger Kozak had to slow down their work on revisions to Chapter 24 and they will be getting that moving again soon.

Discussion - Kathy Johnson asked if anyone has applied for a warm line. Theresa responded that no one has yet.

Kathy asked if the Exceptions to Policy are related to staffing and staff qualifications. Theresa responded that they were. She said they are the same issues that the rules committee had discussed, specifically utilizing experienced, trained, and skilled staff who do not have a bachelor's degree. Providers have asked to use non-bachelor's level staff with appropriate years of experience and provide additional training and

supervision for them. The ETPs will be for one year to allow the providers to be accredited and move forward, but they will be time limited.

Patrick Schmitz asked if there was a timeframe for the revision of Chapter 24. Theresa responded that they are ready to continue moving forward. Kathy suggested a phone meeting of the committee to review the draft changes. Rebecca Schmitz asked to be added to the committee.

Jody Eaton asked if it would be possible to add modifiers for bachelor's level and less than bachelor's level trained staff. Theresa responded that Jan Heikes was talking to Medicaid about what might be done and how long it would take.

### **Mental Health and Disability Services Redesign Progress Report - Theresa Armstrong**

The Mental Health and Disability Services Redesign Progress Report was submitted to the legislature on November 17. It was intended to look at what regions are doing and it also provided an opportunity to share what the Department is seeing in the system, including the feedback received from the Commission, the Mental Health Planning Council, the regional CEOs, provider associations, and individual client calls.

The report also points out that a lot of things have happened that present both opportunities and challenges which were not envisioned at the time redesign started, including:

- Iowa Health and Wellness Plan
- Iowa HealthLink
- HCBS settings rules – direction from the federal CMS (Centers for Medicare and Medicaid) on moving people to more integrated and less restrictive settings in the community, including employment initiatives
- Integrated Health Homes (IHH) – now fully implemented throughout the state
- Systems of Care for children and families
- Certified Community Behavioral Health Clinics
- Inpatient psychiatric bed tracking system – which is helping track open beds, and providing information about why individuals in need have difficulty finding an open bed that is available to meet their particular needs
- Autism Support Program (ASP) – provides applied behavior analysis (ABA) services to children who cannot access ABA through Medicaid or through a private insurance benefit

#### **Findings for regions:**

- 14 regions have been successfully established and are operating
- regions are generally provide core services that meet access standards
- most regions are providing some optional core plus services
- there are still gaps and inconsistencies in access to services
- progress has been made, but more work is needed in developing evidence based practices
- a couple of the regions have chosen to rotate the CEO

- not all regions are pooling money
- by population size some regions may not be large enough to achieve an economy of scale and could be more operationally efficient if they were larger
- workforce shortages continue to be a challenge, among psychiatrists and other mental health professionals and among direct support staff
- most regions have significant fund balances (Polk County is an exception) - with current spending and small annual increases, regions are projected to have funds until 2025
- there is a desire to achieve equity in the property tax dollars contributed by counties because levy rates still vary significantly

Some of the findings reflect the recommendations that came out of the original administrative redesign work group.

Discussion - John Parmeter expressed concern about Polk County's ability to maintain services to its large population without a change in funding.

Kathy Johnson said she thinks regions will be cautious about moving into core plus services because of the 2025 projection. They need to have confidence about their long term funding to be able to make long term plans. Rebecca Schmitz agreed, saying that for most regions, the fund balances will be going down each year.

Theresa Armstrong noted that there is a small group of individuals with serious mental illness who need 24-hour residential supports and that is challenging. She said DHS, regions, and MCOs will need to work together to find a way to blend the regional funding and MCO funding to meet their need.

Tom Bouska said he has concerns about the population of children with intellectual and developmental disabilities whose families are having difficulty finding the level of care needed. Some families have resorted to giving up custody through the court system to get the services the children need.

Jennifer Sheehan said she is concerned about possible changes with the Affordable Care Act (ACA) and the Medicaid program at the federal level.

Jody Eaton commented that she appreciates the positive approach the report takes to what the regions are doing. She noted that while some regions have chosen to operate differently from the majority, the differences are all within the rules that were established for them. Even though there are some recommendations for change, they are not indicators that regions are currently doing anything wrong. She said it is also important to recognize that county fund balances are from property tax dollars that the counties saved when the state took over the non-federal share of Medicaid. It is not additional funding to the counties from the state.

Rebecca Schmitz added that the table on page 10 of the report showing the decrease in numbers of individuals served by regions reflects the increase in individuals who began

getting services funded through the Iowa Health and Wellness Plan, which underlines the concern about what could happen to funding at the federal level.

Theresa Armstrong noted that a typographical error near the bottom of page 9 of the report will soon be corrected with a new version. The \$1.4 million amount should be \$1.4 billion.

Recommendations - The report includes several recommendations that the Department believes will strengthen the effectiveness and efficiency of the regions:

- MHDS Regions should:
  - maintain continuity in leadership (not have a practice of rotating CEOs)
  - pool county funding
  - have a minimum number of residents in each region
- regions and MCOs should identify funding for all core and core plus services
- regions should continue to pay for social services that are critical but not clinical, such as housing, rental assistance, transportation, and other needs not covered by Medicaid
- the responsibility and authority of regions for serving individuals who are the most difficult to be served should be clarified

Theresa said the Department will be convening a workgroup to look at how to wrap services around people and how to continue with systems change. She said part of that is formalizing the relationship between the MCOs and the regions. They have been meeting and working together, but more work is needed on strategies to serve the most difficult to serve individuals.

Discussion - Jody Eaton commented that regions are trying to work together and have discussed having a statewide CEO meeting with a facilitator to help them develop a strategic plan.

Geoff Lauer said he has been told there has been a significant decrease in the Brain Injury (BI) Waiver waiting list, partially because there has been a change in the rate of uptake. [“Uptake” refers to the percentage of those who have been on the waiting list who are found eligible and receive a waiver slot.] He said LeAnn Moskowitz from IME told him that the previous uptake rate of about 50% had now decreased to around 25% because contact information for many people had become outdated during the time they had been on the list. He asked if that was happening with all the waiver waiting lists. Theresa Armstrong responded that overall, the rate of uptake is lower. There are various reasons for that: some have found services elsewhere, some do not still need the same level of service, and a high number of the individuals on the ID (Intellectual Disability) Waiver waiting list have been assigned to MCOs.

Geoff said he is concerned because he sees lengthy delays in access to services for people with brain injury BI is a functional denial of services. He asked if there was an effective way to keep contact information up to date. Tom Bouska responded that

individuals can contact the Medicaid call center with address changes. Geoff said it had been reported to him that people who had applied to be on the waiver but were not yet on Medicaid could not update their address through Medicaid. Tom Bouska said he would follow up with the call center. Jennifer Sheehan said she found that submitting a change of address and phone number in writing to the imaging center had been successful. She said she also encourages her workers to do everything possible through their local resources and contacts to find the person if the number they have is no longer working.

Tom responded later that individuals who are on a waiver waiting list but not yet enrolled in Medicaid should report changes in address or phone to their local DHS office and staff there will be able to enter it into the Medicaid system.

### **Children's Mental Health and Well-Being Workgroup Update - Theresa Armstrong**

The workgroup report will be published on December 15. The report will address what is needed for a children's mental health crisis system and how the system should move forward. The Department will be interested in the Commission's feedback after reading the report.

The report will include information from the two crisis planning grants and some recommendations about what crisis services should look like in a children's system. Some of the needs recognized are building community collaboration and bringing all the partners to the table as equal members with their own tasks and responsibilities rather than having them operate as "siloed" programs. The workgroup, which is meeting today, is looking at prevention, which includes a mental health component. They are also talking about what kind of outcomes we would want to see and how they should be assessed. They will be discussing who should be included in the group of community collaborators and what their roles should be.

Theresa asked if the Commission members have any initial input.

- Kathy Johnson said she would like more information about how services for children are funded, other than through Medicaid. Theresa responded that funding will be part of the discussion because there is no single entity with responsibility for funding services to children; the money comes from a combination of sources.
- Rebecca Schmitz asked if regions will expand to serve children and noted that would increase the financial responsibility for regions. Theresa responded that there is not an assumption that will happen, but Director Palmer and the regions have been discussing their role.
- Jody Eaton commented that the regions need to be collaborative with the children's system and both need to recognize that they must work together as children transition to the adult system.

- Tom Bouska said he wants to make sure that there is focus on the inclusion of children in the ID population along with those who have SED (Serious Emotional Disturbance).
- Jennifer Sheehan said there has been a lot of effort to try and break down siloes and make a model that is collaborative, inclusive, and comprehensive for adults and this is a perfect opportunity to start with that kind of model for the children's system.

The meeting minutes of the children's workgroup are available online for anyone who wants to review them in depth. Go to: <https://dhs.iowa.gov/mhds-advisory-groups/childrens-mental-health-well-being-workgroup>

### **Review of Commission's Draft Annual /Biennial Report - Patrick Schmitz**

Patrick Schmitz led the review of the Commission's report, indicating he did not expect it could be ready to vote on approval today. Members worked through the draft, noting clarifications, suggesting revised language and edits, and noting additional information needed.

Patrick left the meeting at 11:30 am for another commitment and appointed Kathy Johnson to serve as temporary chair for the remainder of the meeting.

Members informally agreed to set up a phone call meeting in the next two weeks to review the draft again after edits are completed and will plan to vote on approval at that time. Members who have additional information or written comments should submit them to Peter Schumacher by email as soon as possible.

### **South Central Behavioral Health Region Policy and Procedure Amendment - Jennifer Vitko and Julie Jetter**

The South Central Behavioral Health Region (SCBHR) is requesting the Commission's support for approval to amend their policies and procedures. According to administrative rules, the Director makes that final decision to approve or deny such requests, in consultation with the Commission. The Commission is being asked to vote on its recommendation to the Director.

Currently the SCBHR regional plan says that the region can fund up to 90 days of RCF (Residential Care Facility) level of care. The region would like to extend the period of time to 365 days because they have been granting an unusually high number of exceptions to policy (ETP) for people who are difficult to place. Typically the region grants 2 to 3 ETPs per year; they have granted 14 ETPs during 2016, primarily for extending RCF funding beyond 90 days. The proposed changes have been approved by the regional governing board.

Jennifer Vitko said that the region continues to provide information to the workgroup for difficult to serve individuals and continues to work with providers to develop capacity for persons to be served elsewhere. They will complete quarterly reviews of clients living in

RCFs during the 365 days and would still have to do an exception to policy to go beyond 365 days. This change allows for a more streamlined process and greater flexibility in providing services.

John Parmeter made a motion to recommend that Director Palmer approve the plan amendment. Tom Broeker seconded the motion. The motion passed unanimously.

### **Public comment**

Bob Bartles, Executive Director of Hope Haven, a service provider in southeast Iowa, commented on staff qualification standards for crisis services. Bob said his agency operates a crisis intervention community based residential program that can serve up to five people at a time. They serve about 80 individuals per year and have had successful outcomes. Currently it is funded by the MHDS region.

Currently, the state rules call for all staff to hold a bachelor's degree. Bob said he would like the state to approve a change so that otherwise qualified staff without 4-year college degrees can be authorized to work with people in crisis. There are qualified people without degrees who care and are capable of doing the work. He said the realities of the workforce are that there are stable, professional direct support staff willing to work, but there are often not degreed individuals available for the wages providers can pay. Bob said he wants to advocate for a change to allow them to continue.

Cody Amason, Operations Director of Tenco Industries, commented that her agency offers services very similar to those provided by Hope Haven and she shares the concerns Bob raised about workforce. She thinks it is important that staff without bachelors' degrees can continued to be utilized in appropriate roles.

Kathy Johnson noted that a subgroup of the Commission has been looking at crisis services rules with Department staff and will meet again to consider revisions.

The meeting was adjourned at 12:10 pm.

Minutes respectfully submitted by Connie B. Fanselow.